

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Texas Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Keith A. Bourgeois

Mailing Address 2709 Arbuckle St

City

Houston

State

TX

Zip Code

77005-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Downtown Eye Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2012

Transaction ID : 45245825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Emerson Burks

Mailing Address 1551 Parsons Rd

City

Victoria

State

TX

Zip Code

77904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 17 / 2012

Transaction ID : 45245826

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Stanley Fisch

Mailing Address 2922 Emerald Lake Dr

City

Harlingen

State

TX

Zip Code

78550-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harlingen Pediatrics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : 45245828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00